

**FEE TRANSMITTAL FOR FY 2008**

(Effective on 9/30/2007. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,770.00

Complete if Known:

Application No. 10/646,087
Filing Date August 22, 2003
First Named Inventor Martin Raymond Scott
Examiner Name Pezzlo, John
Art Unit 2619
Attorney Docket No. 6770P001

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)
☐ Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

- ☒ Charge fee(s) indicated below.
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.
☐ Charge fee(s) indicated below except for the filing fee
☒ Credit any overpayments.
☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Code	Fee (\$)	Code	Fee (\$)			
1011	310	2011	155	Utility application filing fee	1,030/515	_____
1111	510	2111	255	Utility search fee		_____
1311	210	2311	105	Utility examination fee		_____
1012	210	2012	105	Design application filing fee	440/220	_____
1112	100	2112	50	Design search fee		_____
1312	130	2312	65	Design examination fee		_____
1013	210	2013	105	Plant filing fee	680/340	_____
1113	310	2113	155	Plant search fee		_____
1313	160	2313	80	Plant examination fee		_____
1004	810	2004	405	Reissue filing fee	1,940/970	_____
1114	510	2114	255	Reissue search fee		_____
1314	620	2314	310	Reissue examination fee		_____
1005	210	2005	105	Provisional application filing fee		_____
SUBTOTAL (1)						<u>\$0.00</u>

2. EXCESS CLAIM FEES**Fee Description**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Each claim over 20
1201	210	2201	105	Each independent claim over 3
1203	370	2203	185	Multiple dependent claims, if not paid
1204	210	2204	105	Reissue: each claim over 20 and more than in the original patent
1205	50	2205	25	Reissue: each independent claim more than in the original patent

	<u>Extra Claims</u>	<u>Fee</u>	<u>Fees Paid (\$)</u>
Total Claims _____ - 20 or HP = _____		X \$ 50.00	= _____
HP = highest number of total claims paid for, if greater than 20			
Independent Claims _____ - 3 or HP = _____		X \$210.00	= _____
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims _____			= _____
		SUBTOTAL (2)	\$ 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to whole number)	X \$260.00	_____

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1081	260	2081	130	Utility
1082	260	2082	130	Design
1083	260	2083	130	Plant
1084	260	2084	130	Reissue

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)**

				Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)					
Large Entity		Small Entity			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	Fee Description	
1051	130	2051	65	Surcharge - late filing fee or oath	
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1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,410	1454	1,410	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) <u>Printed Copy of patent w/o color (10 copies)</u>					30.00
Other fee (specify) _____					
				SUBTOTAL (4)	\$ 1,770.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Lester J. VincentSignature: Date: July 1, 2008Reg. Number: 31,460Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

04/02/2008

Lester J. Vincent

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Seventh Floor

12400 Wilshire Boulevard

Los Angeles, CA 90025

07/08/2008 SSESHEZ 00000034 10646087

01 FC:1501 1440.00 OP

02 FC:1504 200.00 OP

03 F&P:0000 300.00 OP

PATENT NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,087	08/22/2003	Martin Raymond Scott	6770P001	3882

TITLE OF INVENTION: ADAPTIVE CLOCK RECOVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/02/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEZZLO, JOHN	2619	370-503000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BLAKELY, SOKOLOFF, TAYLOR

& ZAFMAN LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Zarlink Semiconductor Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wiltshire, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies **ten (10)**

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Lester J. Vincent

Date **July 1, 2008**

Typed or printed name

Lester J. Vincent

Registration No. **31,460**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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7590

04/02/2008

Lester J. Vincent
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 Seventh Floor
 12400 Wilshire Boulevard
 Los Angeles, CA 90025

JUL 07 2008

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christopher P. Marshall

(Depositor's name)

(Signature)

(Date)

7/1/2008

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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Authorized Signature

Lester J. Vincent

Date

July 1, 2008

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Registration No.

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2. EXCESS CLAIM FEES**Fee Description**

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Other fee (specify) _____				_____
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*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Lester J. VincentSignature: Date: July 1, 2008Reg. Number: 31,460Telephone Number: 408-720-8300

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